

Private Provider Notice to Building Official

Project Name: _____

Parcel Tax Id: _____

Services to be provided:

_____ **Plan Review** and/or _____ **Inspections** _____ **Inspections determined by Panama City**
(If plan review is selected, inspection checklist must be provided by the Private Provider.)

Note: The fee owner may elect to use a private provider to provide plans review or required building inspections, or both. If the notice applies to plan review services, the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to s. 553.791(2), Florida Statutes. If private provider plan review is performed, all required inspections must also be performed by the private provider.

I _____, the fee owner, affirm I have entered into a contract with the Private Provider, indicated below, to conduct the services indicated above. This notice is valid for the life of the primary permit.

Private Provider Firm: _____

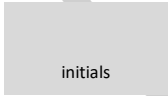
Private Provider Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Email Address: _____

Florida License, Registration or Certificate #: _____

Optional:  I acknowledge this Notice to Building Official can be applied to subsequent permits associated with the primary permit for the above referenced Parcel Tax Id.

The following documents are to be submitted with the building permit application, as required:

Forms approved by the Building Official are provided as part of this package. Forms provided in this package must be used on each occurrence of the event identified by the forms. No substitute forms will be accepted.

1. [Inspection Checklist](#), for all trades, **Required for plan review.**
2. [Plan Compliance Affidavit](#), signed & notarized. **Required for Plan review.**
3. [Private Provider Spot Survey Affidavit](#), signed & notarized, if spot survey is required.
4. [Contractor Spot Survey Affidavit](#), signed & notarized, if spot survey is required.
5. **Private Provider must submit signed and sealed plans** when required by the *Florida Building Code* per Panama City for the type of construction or project being built.

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building or structure that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 business day after any change or within 2 business days before the next scheduled inspection, update the notice to reflect such changes. The building plans review and/or inspection services provided by the private provider are limited to building code compliance and does not include review for fire code, land use, environmental, FEMA requirements or other codes.

Check ONE Section Below

INDIVIDUAL _____ **CORPORATION** _____ **PARTNERSHIP** _____

Name of Individual or Fee Owner, Corporation, or Partnership: _____

Address: _____

Name of Agent, Authorized Signatory: _____

Phone: _____

Signature: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this:

_____ day of _____, 20_____, by (printed name of owner or qualifier) _____

Such person(s) Notary Public must check applicable box:

- ☐ Are personally known to me
- ☐ Has produced a current driver's license _____
- ☐ Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial

Notary

Private Provider Registration Form

Panama City requires a one-time registration for all Private Providers before commencing work. Private Providers are responsible for keeping registration records current.

PRIVATE PROVIDER REGISTRATION CHECKLIST

- ☐ **Private Provider Registration Form**
- ☐ **Copy of State License** issued by the DBPR under F.S. 471 as a Professional Engineer, F.S. 481 as an Architect, or F.S. 468 as a Standard Building Code Administrator, or for a Standard Inspector, for inspections only, on residential additions or alterations (of 1000 square feet or less), F.S. 553.971(1)(n).
- ☐ **Certificate of General Liability Insurance** (minimum requirements for your category) showing Certificate Holder as City of Panama City, 501 Harrison Avenue, Panama City, FL 32401.
- ☐ **Workmen's Compensation Insurance** showing City of Panama City as the Certificate Holder and/or a copy of Workers' Comp Exemption filed with the State. NOTE: Qualifier(s)/License Holder(s) are required to be listed on the policy as "Included" or "Excluded".
- ☐ **Private Provider Resume(s)**
- ☐ **Duly Authorized Representatives Employment Affidavit**, signed and notarized, with their resumes and State Licenses issued by the DBPR for Plan Examiners and/or Inspectors that will be performing the plan review or inspections as authorized representatives.
- ☐ **Copy of Driver's License** for Private Provider and Duly Authorized Employees.

Section 553.791(17) of the Florida Statutes requires minimum insurance coverage for professional liability covering all services performed as a private provider.

A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force.

Private Provider Registration Form

License Holder: _____
Last Name First Name MI

Name of Company: _____

Mailing Address: _____
Street City State ZIP

Phones: Business: _____ Cell: _____ Fax: _____

Physical Address: _____
Street City State ZIP

Email Address (required): _____

State License #: _____ Registry #: _____

License Holder Signature

License Holder Printed Name

Date

	Inspector Licenses						Plan Examiner Licenses					Other Professional Licenses						
Employee Name	Building	Electrical	Mechanical	Plumbing	Residential	Coastal Construction	Building	Electrical	Mechanical	Plumbing	Residential	Building Code Administrator	Special Inspector	Professional Engineer	Architect	Fire Safety Inspector	Fire Safety Plan Reviewer	Certified Welding Inspector

NOTE: If the private provider or duly authorized representatives are not licensed in ALL trades for plan review and inspections, they will be put on RESTRICTED status and will be required to upload all registration documents, including insurance & duly authorized representative documents, in addition to the NTBO, with every permit submission.

Private Provider Duly Authorized Representatives

This affidavit is required pursuant to the Panama City Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (16) (b).

I _____, the Private Provider, do hereby affirm that the duly authorized representative listed below is my employee and is entitled to receive employment benefits under chapter 443, as required by F.S. 553.791(8).

DULY AUTHORIZED REPRESENTATIVE:

Name: _____

License numbers – Standard Plans Examiner: _____ Standard Inspector: _____

Trade Categories: _____

Florida License, Registration or Certificate #: _____

Submit resumes of each Duly Authorized Representative and copies of their licenses. Submit a separate form for each employee.

Private Provider Name: _____ License #: _____

Private Provider Signature: _____
Digitally signed or notarized.

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this:

_____ day of _____, 20_____, by (printed name of owner or qualifier) _____

Such person(s) Notary Public must check applicable box:

- ☐ Are personally known to me
☐ Has produced a current driver's license _____
☐ Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial

Notary

Private Provider Plan Compliance

Private Provider Firm: _____

Qualifier Name: _____ **License #:** _____

Address: _____

Phone: _____ **Email:** _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed and are in compliance with the *Florida Building Code* and all local amendments to the *Florida Building Code* by the following affiant, who is duly authorized to perform plans review pursuant to s 553.791, Florida Statute and holds the appropriate license or certificate:

Reviewer Name: _____ **Plan Sheets:** _____

Reviewer FL License # & certification description: _____

Signature of Qualifier: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this:

_____ day of _____, 20_____, by (printed name of qualifier) _____

Such person(s) Notary Public must check applicable box:

- ☐ Are personally known to me
☐ Has produced a current driver's license _____
☐ Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial

Notary

Private Provider Inspection Checklist

Check ALL inspections that apply

STRUCTURAL INSPECTIONS

- ☐ 100-Footings
- ☐ 101-Pile Caps
- ☐ 102-Grade Beam
- ☐ 103-Floating Slab
- ☐ 104-Tie Beam
- ☐ 105-Shear Wall
- ☐ 106-Columns
- ☐ 107-Trusses/Sheathing/Bucks
- ☐ 108-Framing
- ☐ 109-Insulation
- ☐ 110-Tie Down
- ☐ 111-Dry-in/Flashing
- ☐ 112-Floodproofing
- ☐ 115-Final Building
- ☐ 118-Lintel Beam
- ☐ 119-Fill Cells
- ☐ 120-Flood Vent Relief
- ☐ 121-Epicore Deck
- ☐ 124-Steel in Stair
- ☐ 125-Elevator Pit
- ☐ 130-Tenant Sep/Rated Wall Frame
- ☐ 131- Tenant Sep/Rated Drywall
- ☐ 132- Tenant Sep/Rated Insulation
- ☐ 133-Monolithic Slab
- ☐ 134-Roofing Final
- ☐ 135-Shutters Final
- ☐ 136-Impact Glass
- ☐ 139-Termite Baiting Inspection
- ☐ 140-Interior Termite Spray
- ☐ 141-Interior Slab Infill
- ☐ 150-Sign/Flagpole Final
- ☐ 151-Shearwall/Nailing
- ☐ 152-Shearwall/Water Barrier
- ☐ 153-Shearwall/Stucco Lath
- ☐ 154-Soffit Coverings in Progress
- ☐ 160-Fence Final Building
- ☐ 161-Fence Footing
- ☐ 162-Fence Fill Cell

STRUCTURAL INSPECTIONS, cont.

- ☐ 163-Mech. Ventilation Framing
- ☐ 164-Mech. Ventilation Building Final
- ☐ 165-Window/Door Replacement Non-Impact
- ☐ 166-Window/Door Replacement Impact
- ☐ 167-Shutter Addition Residential Final
- ☐ 168-Shutter Addition Commercial Final
- ☐ 169-Re-Roof Dry-in/Flashing
- ☐ 170-Re-Roof Final
- ☐ 171-Remodel Residential Framing
- ☐ 172-Remodel Residential Building Final
- ☐ 173-Remodel Commercial Framing
- ☐ 174-Remodel Commercial Building Final
- ☐ 175-Screen Cage Building Final
- ☐ 176-Solar Tie Down

PLUMBING INSPECTIONS

- ☐ 200-Plumbing Underground
- ☐ 201-Plumbing Rough-in
- ☐ 202-Plumbing Stack
- ☐ 203-Sewer Tap
- ☐ 204-Plumbing Final
- ☐ 205-Irrigation Final
- ☐ 206-Grease Trap
- ☐ 207-Oil Interceptor
- ☐ 208-Pressure Test Piping
- ☐ 209-Water Heater Replacement
- ☐ 210-Medical Gas Piping
- ☐ 211-Medical Gas Pressure Test
- ☐ 212-Medical Gas Final
- ☐ 213-Remodel Res Plumbing Rough
- ☐ 214-Remodel Res Plumbing Final
- ☐ 215-Remodel Com Plumbing Rough
- ☐ 216-Remodel Com Plumbing Final
- ☐ 217-Water Pipe Replacement
- ☐ 218-Solar Plumbing Final

Signature of Private Provider

Private Provider Inspection Checklist

Check ALL inspections that apply

MECHANICAL INSPECTIONS

- ☐ 300-A/C Rough
- ☐ 301-A/C Final
- ☐ 302-Mechanical Piping
- ☐ 303-A/C Change Out
- ☐ 304-Kitchen Hood Rough
- ☐ 305-Kitchen Hood Final
- ☐ 306-Walk-in Cooler Rough
- ☐ 307-Walk-in Cooler Final
- ☐ 308-Mechanical Ventilation Final
- ☐ 309-Remodel Residential A/C Rough
- ☐ 310-Remodel Residential A/C Final
- ☐ 311-Remodel Commercial A/C Rough
- ☐ 312-Remodel Commercial A/C Final

GAS INSPECTIONS

- ☐ 400-Rough Gas
- ☐ 401-Final Gas
- ☐ 403-Underground
- ☐ 410-Tie Down

POOL INSPECTIONS

- ☐ 700-Pool Bonding
- ☐ 701-Pool Final
- ☐ 702-Pool Deck
- ☐ 703-Pool Wet Niche
- ☐ 704-Pool Shell Reinforcement
- ☐ 705-Pool Dimensions
- ☐ 706-Pool Plumbing Rough
- ☐ 707-Pool Plumbing Final
- ☐ 708-Pool Electrical Final
- ☐ 709-Pool Pipe Pressure Test
- ☐ 710-Pool Fill Cells
- ☐ 711-Pool Footings
- ☐ 712-Pool Pile Caps
- ☐ 713-Pool Tie Beam
- ☐ 714-Pool Equipotential Bonding Grid
- ☐ 715-Pool Barrier Fence Final

ELECTRICAL INSPECTIONS

- ☐ 500-T-Pole
- ☐ 501-Electrical Rough
- ☐ 502-Electrical Final
- ☐ 503-Service Change
- ☐ 504-Temporary Power Commercial
- ☐ 505-Temporary Power Residential
- ☐ 506-Underground Electrical Conduit
- ☐ 508-TV/Telephone Rough
- ☐ 509-TV/Telephone Final
- ☐ 510-Alarm Rough
- ☐ 511-Alarm Final
- ☐ 512-Audio/Video Rough
- ☐ 513-Audio/Video Final
- ☐ 516-Electrical Walls Rough
- ☐ 517-Electrical Ceiling Final
- ☐ 518-Under Slab Electrical Conduit
- ☐ 519-Low Voltage ALARM FINAL
- ☐ 520-Mech. Ventilation Electrical Final
- ☐ 521-Remodel Res Electrical Rough
- ☐ 522-Remodel Res Electrical Final
- ☐ 523-Remodel Com Electrical Rough
- ☐ 524-Remodel Com Electrical Final
- ☐ 525-Shutter Electrical Final
- ☐ 526-Solar Electrical Final

Signature of Private Provider

Private Provider Inspection Report

In accordance with F.S. 553.791, private providers shall:

- Provide notice of date and approximate time of inspection, no later than prior business day by 2 p.m. by scheduling inspection on the permitting portal.
- Upload each completed inspection record, indicating pass or fail, to the permitting portal within 2 business days. Report must be completely filled out and signed either with a written or electronic signature.
- These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by Building Services is required.

Permit #: _____

Site Address: _____

Inspection Report #: _____ Inspection Date: _____

Owner Name: _____

Private Provider: _____

Contractor: _____

Inspection Code: _____ Description: _____

Inspection Result: ☐ Passed ☐ Partial Pass ☐ Failed ☐ Cancelled ☐ Not Required

Comments: _____

I hereby certify that the above-referenced inspection has been completed and is in compliance with the approved plans and the applicable codes.

By: _____ License #: _____
(Print Name)

Certified: _____
(Written or electronic signature)

Private Provider Contractor Spot Survey Affidavit

NOTICE TO CONTRACTOR

It is the responsibility of the Private Provider and Contractor to ensure that a spot survey & elevation certificate is provided to this department in a timely manner. **Per the direction of the Building Official, no inspection activity is allowed after the slab inspection has been PASSED, until a spot survey & elevation certificate has been submitted to and approved by Panama City.** Private Provider/ Contractor must notify Panama City within 48 hours of passing slab inspection. Notification is to include date of approval.

No further construction activity will occur until the survey and elevation certificate are approved and conditions resolved. Upon completion of the project, a final elevation certificate or flood proofing certificate & final survey must be submitted to this department in order to receive a CO (certificate of occupancy).

I understand that I am subject to enforcement action by this department if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by Panama City Building Services pursuant to this affidavit holds the Private Provider and Contractor responsible for maintaining compliance with this policy.

Name of Project Owner: _____

Parcel Tax ID: _____

Contractor Name: _____ **License #:** _____

Signature of Qualifier or Authorized Representative: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this:

_____ day of _____, 20_____, by (printed name of owner or qualifier) _____

Such person(s) Notary Public must check applicable box:

- ☐ Are personally known to me
☐ Has produced a current driver's license _____
☐ Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial

Notary

Private Provider Spot Survey Affidavit

NOTICE TO PRIVATE PROVIDER

It is the responsibility of the Private Provider and Contractor to ensure that a spot survey & elevation certificate is provided to this department in a timely manner. **Per the direction of the Building Official, no inspection activity is allowed after the slab inspection has been PASSED, until a spot survey & elevation certificate has been submitted to and approved by Panama City.** Private Provider/ Contractor must notify Panama City within 48 hours of passing slab inspection. Notification is to include date of approval.

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Name of Project Owner: _____

Parcel Tax ID: _____

Private Provider Name: _____ **License #:** _____

Private Provider Signature: _____

State of _____ County of _____

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_____ day of _____, 20_____, by (printed name of owner or qualifier) _____

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Notary Signature: _____

Must Comply with Notarial

Notary

Private Provider Certificate of Compliance

Request for Certificate of Occupancy/Completion

Date: _____

Jake Schmidtke
Chief Building Official, Panama City, FL

Permit #: _____

Address: _____

In accordance with Florida Statute 553.791(12), pertaining to Private Provider Inspection Services, we herewith provide Panama City with final disposition on the building components inspected under our authority.

To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes.

Check all that apply:

Building:	YES _____	NO _____	N/A _____
Mechanical:	YES _____	NO _____	N/A _____
Electrical:	YES _____	NO _____	N/A _____
Plumbing:	YES _____	NO _____	N/A _____
Gas:	YES _____	NO _____	N/A _____

Private Provider Name: _____ License #: _____

Private Provider Signature: _____
Digitally signed or notarized.

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this:

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